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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	4365/4
First Named Inventor	LARKIN
COMPLETE IF KNOWN	
Application Number	10 / 083,962
Filing Date	2/26/02
Group Art Unit	2671
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VISUALIZING SECURITY INCIDENTS IN A COMPUTER NETWORK

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/271,891	2/27/01	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input style="width: 100px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name	Registration Number	Name				
Frank J. DeRosa Seth H. Ostrow David A. Lowenstein Pamela G. Maher	26,543 37,410 35,591 40,712	Leslie Restaino Ralph F. Hoppin Matthew J. Marquardt Silvana Merlin				
		38,893 38,494 40,997 44,237				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <input style="width: 100px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> 29858 OR <input type="checkbox"/> Correspondence address below						
Name	Brown Raysman Millstein Felder & Steiner LLP					
Address						
Address	900 Third Avenue					
City	New York	State	NY	ZIP	10022	
Country	USA	Telephone	(212) 895-2000		Fax (212) 895-2900	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Mark E.			Larkin			
<input type="checkbox"/> Inventor's Signature <input type="checkbox"/> Signature	<i>Mark E. Larkin</i>				<input type="checkbox"/> Date <input style="width: 40px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> 5-6-02	
Residence: City	Greenlawn	State	NY	Country	US	
Post Office Address	11 Colgate Road					
Post Office Address						
City	State	NY	ZIP	11740	Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the <input style="width: 10px; border: 1px solid black; height: 1.2em; vertical-align: middle;" type="text"/> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						



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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Anita D.			D'Amico				
Residence: City	Northport	State	NY	Country	US	Citizenship	US
Post Office Address	16 Whispering Fields Drive						
Post Office Address							
City	Northport	State	NY	ZIP	11768	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature							Date
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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**REGISTERED PRACTITIONER
INFORMATION
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
Brooke W. Quist Frederick Yu James J. Woods	45,030 45,251 47,184		

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:

Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(if applicable)</i>

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